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FILED DEC 1 1948
Registration District No. 297

Primary Registration District No. 5207

State File No. _____
Registrar's No. 13

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Dawn, (Hill twm.)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 43yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

(c) City or town Dawn (Hill Twn.) 3
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) 5

(e) Citizen of foreign country? no (Yes or No) 5
If yes, name country _____

3. (a) PRINT FULL NAME Harvey Grozinger

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Susan Grozinger 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased July 11, 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Carroll County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Frederick Grozinger

13. Birthplace unk Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Mosher

15. Birthplace unk Mich.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Grozinger

(b) Address Dawn, Missouri

17. (a) Burial (b) Date thereof 11-8th, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enon Cem.

18. (a) Signature of funeral director Dennard Mead

(b) Address Brayner Missouri

19. (a) 11-8-48 Wes Rex Henderson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day Nov.
year 1948 hour 1 minute 45p.m. M.

21. I hereby certify that I attended the deceased from 21 Oct '48
to 21 Oct '48
that I last saw him alive on 21 Oct '48
and that death occurred on the date and hour stated above.

Immediate cause of death probable coronary occlusion
Duration _____

Due to post cerebral vascular accident

Due to _____

Other conditions Pre on 21st Oct 48
(Include pregnancy within 3 months of death)

Major findings: Of operations 94 A

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Enroll Warren Allen II MD
(M. D. or other)
Address Box 37 Una Mo Date signed 6 Nov 48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 1-24-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Wayne H. Hollemann

Registered Apprentice No. 77

working under my personal supervision.

Signed.....

Edward F. Mead

Licensed Embalmer No. 2801

P. O. Address..... Brainerd, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.